



## Case report

## A child death as a result of physical violence during toilet training

Ahmet Hamdi Alpaslan<sup>a,\*</sup>, Kerem Şenol Coşkun<sup>b</sup>, Arda Yeşil<sup>b</sup>, Cansu Çobanoğlu<sup>a</sup><sup>a</sup> Afyon Kocatepe University, Faculty of Medicine, Department of Child and Adolescent Psychiatry, Afyonkarahisar, Turkey<sup>b</sup> Afyon Kocatepe University, Faculty of Medicine, Department of Psychiatry, Afyonkarahisar, Turkey

## ARTICLE INFO

## Article history:

Received 16 March 2014

Received in revised form

8 September 2014

Accepted 6 October 2014

Available online 15 October 2014

## Keywords:

Toilet training

Child psychiatry

Death

## ABSTRACT

Enuresis and delayed bladder control are a common source of psychosocial concern for both parents and children. Different cultures have different norms with regard to parenting attitudes. The fact that in Turkey, parents consider enuresis or encopresis as a sign of laziness, misbehavior, or disobedience rather than a medical disorder may cause children to be exposed to physical and emotional violence and maltreatment by the family as a corrective strategy. We present a case in this paper which had a fatal outcome due to physical violence against a child as an educational measure and a toilet training method.

© 2014 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

## 1. Introduction

Child abuse is a serious problem with complicated reasons and tragic results in a medical, legal, developmental, and psycho-social context.<sup>1</sup> The World Health Organization defines the intentional or unintentional behavior of an adult which affects the health and physical and psycho-social development of the child negatively as child abuse.<sup>2</sup>

Having control over one's bladder and bowel movements is a significant developmental milestone during the childhood period. During their normal development, children generally start to gain daytime bladder control between the ages of two and three. Nighttime control is generally completed between the third and fourth years. While enuresis is classified among elimination disorders in the Diagnostic and Statistical Manual of Mental Disorders<sup>3</sup> (DSM), it is classified under behavioral-emotional disorders in the International Statistical Classification of Diseases (ICD) diagnosis system (age limit is defined as five by DSM, whereas it is four in the ICD diagnosis system).<sup>4</sup> If there is a bedwetting problem at night, it is considered as nocturnal enuresis. On the other hand, if the urinary incontinence problem is experienced during the daytime, the case is considered diurnal enuresis.<sup>5</sup> Gaining control over the bladder is affected by social, environmental, familial, and training factors. While bladder control during the daytime is closely related to training, bladder control during the nighttime develops

spontaneously. Developing bladder control at night, in particular, cannot be accelerated, but it can be delayed with negative attitudes.<sup>6</sup> Previous studies have determined that enuretic children are frequently exposed to psychological and physical abuse; parents with low tolerance levels have a higher risk for children with diurnal enuresis in terms of child abuse.<sup>7,8</sup>

This paper presented a forensic case that had a diurnal enuresis problem and therefore was exposed to physical abuse by his father and lost his life. The case is discussed in light of related literature.

## 2. Case

The only witness of the incident, the brother (five years and seven months old) of the case who lost his life at the age of four years and three months due to his father's physical violence, was transferred to us by the court with the request of arranging an expert report to determine "if the statements of the witness can be relied on and if the witness might have possibly confused the incidents or not".

In the interview conducted with the mother, she stated that she married her husband seven years ago with good grace and they had two sons from this marriage. She works in a salt factory and her husband has been unemployed for approximately eight months; previously he worked in a construction market. She expressed that her husband used to take care of the children while she was at work. The younger son who lost his life occasionally used to wet himself during the daytime and her husband would lose his temper and yell at the child in general. The father was intolerant about this problem and he hit the child a few times.

\* Corresponding author. Tel.: +90 533 581 66 32 (mobile); fax: +90 272 246 33 00.

E-mail address: [ahmethamdialpaslan@yahoo.com](mailto:ahmethamdialpaslan@yahoo.com) (A.H. Alpaslan).

When we asked questions about the birth, neuromotor development, and medical history of the case who lost his life, we learned that he did not have any particular characteristics other than his diurnal enuresis problem and an occasional upper respiratory tract infection. Regarding his temperament, the case was tender-minded and sensitive; he refrained from interacting with his father more than his older brother did. In the psychiatric examination of the case's older brother, it was determined that he looked his age; he made eye contact and his speaking language development, and mental capacity conformed with his age. His attention concentration was normal, his memory functions were natural, and he did not have any perception or judgment faults. When he was asked to describe the incident, he stated that his brother wetted himself while they were sitting on the couch watching cartoons together. When their father saw it, he first hit his brother's head with his hands and then he started kicking him in the stomach. His brother cried a lot, and in response their father started to kick him even more. Foam started to come out of his brother's mouth, and then he fell off the couch and fainted. While he was describing the incident, the child drew attention with his increased anxiety and his way of showing with his arm and leg movements how his father was hitting his brother. When the mother was asked about the psychological state of the brother after the incident, she indicated that the child experienced the following: extreme uneasiness, fear, tension, and an inability to stay alone; difficulty with falling asleep; startling and talking in his sleep; nocturnal enuresis that started after the incident; appetite disorder; playing games with his toys that include the theme of death; extreme fears that his father could do the same to him if he gets out of prison; and unwillingness to leave his mother. In this context, in consequence of the examination of the court files, the clinical evaluation, and the obtained medical history, the brother's statements were found to be coherent and reliable, and the brother was diagnosed with post-traumatic stress disorder due to the incident. The mother was informed about the psychological state of the brother, recommendations were made regarding the required attitudes during this process, and they were recommended to apply to our polyclinic for treatment as soon as possible.

When the mother was asked questions about their marriage and the temperament, personality characteristics, and medical history of her husband, she indicated that her husband was impulsive, had a selfish nature, favored his older child, and is extremely sensitive, intolerant, accusing, and retributive while toilet training both children. She also stated that they had had a few discussions about his attitude toward the enuresis problem of the deceased child, and that the father said, "If I don't scare them and beat them, they will continue doing it. This is how we were trained by our parents when we were little." She stated that her husband did not have any serious medical illnesses". Although he had a smoking habit, he did not use alcohol or any substances. He went to see a psychiatrist once with an insomnia problem during the period he was unemployed, and he used the prescribed sleeping pills irregularly. Regarding their marriage, she also stated that they did not get along very well. They had intense arguments especially after her husband was unemployed, and she was exposed to her husband's physical violence several times. They lived separately for a while when she was pregnant with her deceased child. After the interview with the mother, it was determined that she had extreme feelings of guilt and anger; her parenthood capacity decreased and she developed a pathological grief reaction; therefore, she was transferred to adult psychiatry for treatment.

Lastly, the autopsy report of the case in the court file was evaluated and it was determined that his cause of death was brain damage due to blunt head trauma.

### 3. Discussion

The case presented here is a male child who lost his life at the age of four years and three months after his father's physical violence due to his diurnal enuresis. According to DSM criteria, this condition should be repeated at least twice a week for three consecutive months in order to be considered enuresis. Additionally, it should cause an evident loss of functionality and the child should be older than five years for the diagnosis. When the calendar age of our case is taken into consideration, his situation is seen as a case of "Delayed Bladder Control" since he could not be diagnosed with enuresis according to DSM criteria.

There have been no national statistics in terms of the number of children who have been physically abused by their parents in Turkey.<sup>11</sup> According to the studies conducted in the US, the rate of child abuse victims within the general population is between 5% and 14%.<sup>9</sup> Although abuser parents can come from all ethnic, geographical, religious, educational, professional, and socioeconomic groups, there is a higher possibility that they are from groups that are acknowledged as socioeconomically disadvantaged. Since women have primary responsibility for child care in general, they are more responsible for child abuse compared to men. However, these statistics can reveal the opposite if the father stays at home, especially if he is unemployed.<sup>2</sup> In our case, we think the fact that the father was unemployed for a long time and that he was a stay-at-home father who was responsible for taking care of the children is a strong factor in his increased arguments with his wife and in causing fatal physical abuse.

Physical child abuse can appear with findings starting from mild soft tissue lesions up to brain damage that can cause death. Cases that applied to pediatric emergency services with chronic abuse findings and resulted in death have been reported in Turkey.<sup>10</sup> As far as we know, there have been no reported cases in Turkey that resulted in death as a result of using physical violence as a discipline or punishment method to correct a bladder or bowel movement control problem. In this case, we think that the behaviors of the father which caused the death were a pathological discipline method rather than a form of absolute violence. Child-directed violence within families for discipline purposes or other reasons is a situation that can be encountered in all cultures. Physical punishment is included as a discipline method among Turkish families' child-rearing methods, and it is thus commonly encountered in our society.<sup>11</sup> It is observed that according to the cultural characteristics and traditions in Turkey, behaviors that are considered as child abuse, such as beating, are generally accepted by the society. Turkish proverbs such as "Beating comes from Paradise," "Spare the rod and spoil the child," and "Roses blossom where the teacher hits a student" are examples of such acceptance.<sup>12,13</sup>

Consequently, we can assert that parents in our society do not consider enuresis, encopresis, or delayed bowel and bladder control as a medical disorder or a non-pathological developmental delay. Rather, they often think that these situations are caused by the child's misbehavior, disobedience, and irresponsible behaviors. This general approach makes children vulnerable to verbal, emotional, and physical violence as a discipline method. Every expert working on children and adolescents should keep in mind that any kind of violence applied by the reasons of discipline, training or similar reasons may gain continuity, and result in fatal outcomes.

*Ethical approval*

None.

*Funding*

None.

### Conflict of interest

We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us.

### References

1. Polat O. *Children and violence*. İstanbul: Der Yayınları; 2002. p. 85–97.
2. Kara B, Biçer Ü, et al. Child abuse. *Turk Pediatr J* 2004;**47**:140–51.
3. American Psychiatric Association—APA. *Diagnostic and statistical manual of mental disorders, DSM-IV*. 4th ed. Washington, DC: American Psychiatric Association; 1994.
4. World Health Organization. *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*, vol. 1. World Health Organization; 1992.
5. von Gontard A. The impact of DSM-5 and guidelines for assessment and treatment of elimination disorders. *Eur Child Adolesc Psychiatry* 2013;**22**:61–7.
6. Arthur CG, John EH. *Physiological anatomy of the bladder, micturition. Human physiology and mechanisms of the bladder, micturition human physiology and mechanisms of disease*. 6th ed. 1997. p. 264–5.
7. Butler RJ. Annotation; night wetting in children: psychological aspect. *J Clin Psychol Psychiatry* 1998;**39**:453–63.
8. Warzak WJ. Psychosocial implications of nocturnal enuresis. Special edition: treatment of childhood enuresis. *Clin Pediatr* 1993;**38**:38–40.
9. Ibiloglu A. Domestic violence. *Curr Approaches Psychiatry* 2012;**4**:204.
10. Beyaztaş FY, Oral R, Bütün C, et al. Physically abused child: four cases report. (*Turkish*) *Ped Health Dis J* 2009;**52**:75–80.
11. Gulec H, Topaloglu M, Nsal D, Altintas M. Violence as a vicious cycle. *Curr Approaches Psychiatry* 2012;**4**:112.
12. Topbaş M. A big shame of mankind: child abuse. *TAF Prev Med Bull* 2004;**76**:76–80.
13. Şimşek F, Ulukol B, Bingöler B. Child abuse and disciplinary practises. *Turk J Forensic Sci* 2004;**3**(1):47–52.